



## PERSONAL INFORMATION PROTECTION ACT

# New privacy legislation: what does it mean for you?

**A**t the beginning of 2004, the government introduced updated privacy legislation for BC. What does this mean for HSA members?

The *Personal Information Protection Act* ('PIPA') came into effect on January 1, 2004. The purpose of

this *Act* is to ensure that all private sector organizations in BC responsibly handle all personal information collected, used, secured and disclosed in the course of conducting business.

PIPA gives individuals the ability to request access and corrections to their own personal information, and the right to limit the use of personal information provided.

HSA has taken the necessary steps to fully comply with the new legislation and, as required by law, has published a privacy policy statement and Privacy Officer contact information on our website at [[www.hsabc.org](http://www.hsabc.org)].

In compliance with PIPA, HSA is altering all standard member forms to include a notification that members are consenting to use of their personal information for the purposes of conducting repre-

sentational duties as a union, and in providing member services.

As a member, the handling of the personal information that you have already provided to HSA is automatically covered under the protection of the new legislation.

However, from time to time, you may need to submit additional personal information to staff in order to represent your interests. Therefore, we ask that you sign and return the attached form to the HSA office where it will be kept with your HSA record as verification that you have been informed about HSA's compliance with the new privacy legislation. Please use the attached envelope.

We thank you in advance for your cooperation. If you have any questions or concerns about privacy legislation or HSA's compliance with the *Personal Information Protection Act* you may contact HSA's Privacy Officer, Susan Haglund, at:

phone: 604/439.0994 (x524) or  
1.800/663.2017 (x524)

fax: 604/439.0976 or  
1.800/663.6119

e-mail: [privacy@hsabc.org](mailto:privacy@hsabc.org) 

**We ask that you sign and return the attached form to the HSA office as verification that you have been informed about the new privacy legislation.**

Member # (at top left of mailing label)

**PRIVACY ACT NOTIFICATION**

**Surname**


**Given names**

I,       (name)       , have been informed of the purpose of the *Personal Information Protection Act* and I understand that any personal information I have previously provided to the HSA is protected by this Act.

I am aware of the Health Sciences Association's commitment to handling my personal information with the confidentiality and security required by the *Personal Information Protection Act*. I know that I may choose not to consent to the HSA's collection, use or disclosure of my personal information but I am aware that by withdrawing or denying my consent, I may restrict the ability of the HSA to provide me with full member services and representation.

I consent to the HSA's continued use of my personal information, in compliance with the *Personal Information Protection Act*, for the purpose of providing representational duties as a union, and in providing services to its members.

**RETURN TO:**

 Health Sciences  
Association of BC  
300 - 5118 Joyce Street  
Vancouver, BC V5R 4H1

**Member signature**

**Date**